



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>					
NAME(Last)		(First)	(Middle)	TELEPHONE	
Yamane		Michael	V.	808-246-8208	
MAILING ADDRESS (Street)				FAX	
4463 Pahee Street, Suite 1				808-246-4337	
(City)		(State)	(Zip Code)		
Lihue,		HI	96766		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE	
MAILING ADDRESS (Street)				FAX	
(City)				(State)	(Zip Code)
Lihue,				HI	96766

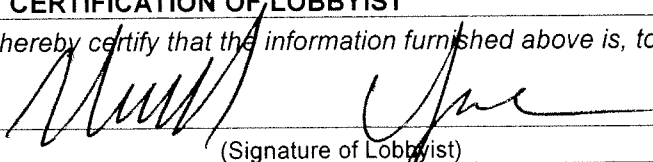
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kauai Island Utility Cooperative			808-246-4300
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite 1			808-246-4337
(City)		(State)	(Zip Code)
Lihue,		HI	96766
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael V. Yamane			808-246-8208
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite 1			808-246-4337
(City)		(State)	(Zip Code)
Lihue,		HI	96766

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |  |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/2/2007

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Randall J. Hee, P.E.

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Acting President & Chief Executive Officer

NAME OF ORGANIZATION (If applicable)

Kauai Island Utility Cooperative

TELEPHONE

808-246-4389

MAILING ADDRESS (Street)

4463 Pahee Street, Suite 1

FAX

808-246-8257

(City)

Lihue,

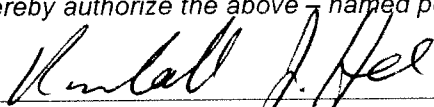
(State)

HI

(Zip Code)

96766

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/2/07

(Date)